



**Western Heritage**  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

**AMUSEMENT PROGRAM SUPPLEMENTAL GENERAL LIABILITY APPLICATION**

(Complete in addition to ACORD General Liability application)

Name of Applicant: \_\_\_\_\_

**1. Applicant's experience:**

Number of years in operation: \_\_\_\_\_

If a new operation, the number of years of related experience: \_\_\_\_\_

**2. Schedule of Amusement Devices or Rides:**

Name and/or Type of Amusement Device or Ride	Age	Manufacturer	Capacity	Maximum Operating Speed

Does the applicant have any animal rides or animal exposures? .....  Yes  No

If yes, please describe: \_\_\_\_\_

For amusement rides, describe the height and type of fencing required for spectator safety: \_\_\_\_\_

**3. Rides:**

Do rides have signs clearly marking age, height, and size limitations?.....  Yes  No

Are all rides inspected?.....  Yes  No

If yes, please provide details of the inspection process: \_\_\_\_\_

Who Completes the Inspections?	Frequency of Inspection?	Are Inspection/Maintenance Logs Maintained?

**4. Receipts:**

What are the applicant's estimated annual receipts?..... \$ \_\_\_\_\_

**5. Supervision:**

Please describe the nature of the adult supervision provided while any ride or device is in use: \_\_\_\_\_

6. List states in which applicant operates: \_\_\_\_\_
7. Total number of employees: \_\_\_\_\_  
Are any employees leased?.....  Yes  No
8. Does applicant have a training program?.....  Yes  No

**APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*